

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 120
Registered No. 244

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Redondo
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births. <u>✓</u>	4. Twin, triplet or other <u>✓</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec. 4, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Antonio Redondo
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Nogales
(State or country) Arizona

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Remona Martinez
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Pearce
(State or country) Arizona

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother <u>Four</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>none</u> (b) Born alive but now <u>one</u> (c) Stillborn <u>three</u>	21. Were precautions taken against ophthalmia neonatorum? <u>—</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 8:30 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
Physician
(Physician or midwife).

Given name added from _____ Address Globe, Arizona
a supplemental report. Month, day, year _____

Filed 1/8, 1931 G. E. Wightman
Registrar

096-1204-949